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Elkhart, Kansas 67905-0817
Ph. (620) 697-2111
Fax (620) 697-9997
www.epictouch.com

Elkhart Telephone Co., Inc.

REDACTED - FOR PUBLIC INSPECTION

EPIC TOUCH
Bringing people together

June 22, 2015

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Connect America Fund, WC Docket No. 14-58, 47 CFR § 54.313 Annual Reporting Requirements for High-Cost Recipients (Form 481)

Dear Ms. Dortch:

Attached please find Elkhart Telephone Co., Inc.'s high-cost support recipient annual report pursuant to 47 CFR § 54.313 (Form 481).

Elkhart Telephone Co., Inc. is filing certain financial information, reported pursuant to 47 CFR §54.313(f)(2), as confidential under the November 16, 2012 Protective Order (DA 12-1857). Pursuant to that Order, each page of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version of this information has been marked "CONFIDENTIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, 14-58, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION." As such, Elkhart Telephone Co., Inc. requests that the non-redacted version of its submission be withheld from public inspection.

Elkhart Telephone Co., Inc. is also requesting confidential treatment of certain information being filed pursuant to 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1) (five year service quality improvement plan) under 47 CFR § 0.457 and 0.459. The redacted version of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version has been marked "CONFIDENTIAL - NOT FOR PUBLIC INSPECTION."

Pursuant to 47 CFR § 0.459, Elkhart Telephone Co., Inc. offers the following in support of its request for confidential treatment of certain information.

- *Identification of the specific information for which confidential treatment is sought:* Elkhart Telephone Co., Inc. seeks confidential treatment of the five year service quality improvement plan required per 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1).
- *Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission:* Elkhart Telephone Co., Inc. is providing the five year service quality improvement plan as part of its annual high-cost support recipient report per 47 CFR § 54.313.
- *Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged:* Elkhart Telephone Co., Inc. considers the information to be highly sensitive in that it contains statements about the Company's future investment plans, and discusses specific equipment and strategies the Company will utilize to provide services.

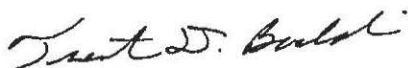
- *Explanation of the degree to which the information concerns a service that is subject to competition:* Epic Touch Co., Inc. provides voice and broadband services that are in competition with various landline and wireless providers; thus, the investment data disclosed is related to services subject to competition to a high degree.
- *Identification of any measures taken by the submitting party to prevent unauthorized disclosure:* Epic Touch Co., Inc. makes the data being provided available only to employees, consultants, and attorneys on a limited, need-to-know basis.
- *Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties:* The information is not publicly available.
- *Justification of the period during which the submitting party asserts that material should not be available for public disclosure:* Epic Touch Co., Inc. requests that the data provided be treated as confidential indefinitely. Due to the sensitive nature of the data, it would not be appropriate for public disclosure at any time in the foreseeable future.
- *Any other information that the party seeking confidential treatment believes may be useful in assessing whether its request for confidential treatment should be granted:* None.

Accordingly, Epic Touch Co., Inc. requests confidential treatment of the five year service quality improvement plan pursuant to section 0.457 and 0.459 of the Commission's rules.

The redacted version of this Form 481 submission will be filed via the Commission's Electronic Comment Filing System (ECFS) in the above-captioned docket.

If you have any questions about this filing, please contact the undersigned.

Sincerely,



Trenton D. Boaldin
President

Attachment

cc: Charles Tyler
Telecommunications Access Policy Division
Wireline Competition Bureau
Federal Communications Commission
445 12th Street, S.W., Room 5-A452
Washington, DC 20554

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	411764
<015> Study Area Name	ELKHART TEL CO INC
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Becky Scott
<035> Contact Telephone Number: Number of the person identified in data line <030>	6206972111 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	bsscott@epictouch.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 411764KS510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 411764KS610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(If yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(If not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411764
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@pictouch.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

411764ks112.pdf

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable

<010>	Study Area Code	411764
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

[illegible]

<p>(700) Price Offerings Including Voice Rate Data Data Collection Form</p>	<p>FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013</p>
---	---

<010>	Study Area Code	411764
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	16.75

[illegible]

<010>	Study Area Code	411764
<015>	Study Area Name	ELIHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bsscott@pictouch.com

[illegible]

<010>	Study Area Code	411764
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com
<810>	Reporting Carrier	Elkhart Telephone Co
<811>	Holding Company	Epic Touch Company
<812>	Operating Company	Elkhart Telephone Co

Page 6

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 411764
 <015> Study Area Name ELKHART TEL CO INC
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Becky Scott
 <035> Contact Telephone Number - Number of person identified in data line <030> 6206972111 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> bscott@epictouch.com

<910> Tribal Land(s) on which ETC Serves

--

<920> Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
 <922> Feasibility and sustainability planning;
 <923> Marketing services in a culturally sensitive manner;
 <924> Compliance with Rights of way processes
 <925> Compliance with Land Use permitting requirements
 <926> Compliance with Facilities Siting rules
 <927> Compliance with Environmental Review processes
 <928> Compliance with Cultural Preservation review processes
 <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(1100) No Terrestrial Backhaul Reporting**Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411764
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers

FCC Form 481

Lifeline

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Data Collection Form

July 2013

<010>	Study Area Code	411764
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

411764KS1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP http://www.epictouch.com/general_info.html

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan, ☒

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No: 3060-0986/OMB Control No: 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	411784
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	becky scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	b.scott@epictouch.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
 <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
 <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
 <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
 <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
 <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification

- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0619

July 2013

<010> Study Area Code 411764
 <015> Study Area Name ELKHART TEL CO INC
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Becky Scott
 <035> Contact Telephone Number - Number of person identified in data line <030> 6206972111 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> bscott@epictrough.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

411764KS3010.pdf

- (3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☒

411764KS3012.pdf

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
 (3014) If yes, does your company file the RUS annual report

(Yes/No) ☐ ☐
 (Yes/No) ☐ ☐

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒
 (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒
 (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐
 (3023) Underlying information subjected to a review by an independent certified public accountant ☐
 (3024) Underlying information subjected to an officer certification. ☐
 (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

411764KS3026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

REDACTED FOR PUBLIC INSPECTION

Lines 3027 - 3033

Elkhart Telephone Company

SAC 411764

**CONTAINS CONFIDENTIAL INFORMATION
ATTACHMENT REDACTED IN ITS ENTIRETY**

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	411764
<015> Study Area Name	ELKHART TEL CO INC
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Becky Scott
<035> Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ELKHART TEL CO INC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2015
Printed name of Authorized Officer: Trenton Boaldin	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 6206972111 ext.	
Study Area Code of Reporting Carrier: 411764	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	411764
<015> Study Area Name	ELKHART TEL CO INC
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Becky Scott
<035> Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	b.scott@epictouch.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

REDACTED FOR PUBLIC INSPECTION

Attachment – Line 112

Elkhart Telephone Company

SAC 411764

Five-Year Service Quality Improvement Plan

**CONTAINS CONFIDENTIAL INFORMATION
ATTACHMENT REDACTED IN ITS ENTIRETY**

AFFIDAVIT CERTIFYING
COMPLIANCE WITH §54.313(a)(5) AND §54.313(a)(6)

Elkhart Telephone Co., Inc. hereby certifies pursuant to the requirements under 47 C.F.R. §54.313(a)(5) and §54.313(a)(6) that:

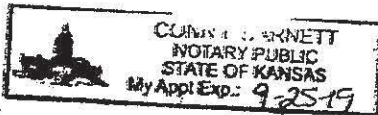
- 1) Elkhart Telephone Co., Inc. has established operating procedures designed to facilitate compliance with applicable service quality standards and consumer protection rules.
- 2) Elkhart Telephone Co., Inc. has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 3) Elkhart Telephone Co., Inc. is able to remain functional in emergency situations as set forth in §54.202(a)(2), Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations, and

I certify under penalty of perjury under the laws of the State of Kansas

Trenton D. Boaldin DATED this 6-17-2015 day of June, 2015

Trenton D. Boaldin, President
Elkhart Telephone Co., Inc.
PO Box 817
Elkhart, KS 67950

SUBSCRIBED AND SWORN to before me this 17th day of June, 2015



Cynthia J. Barnett

Notary Public

My Commission Expires: 9-25-19

AFFIDAVIT CERTIFYING
COMPLIANCE WITH §54.313(a)(5) AND §54.313(a)(6)

Elkhart Telephone Co., Inc. hereby certifies pursuant to the requirements under 47 C.F.R. §54.313(a)(5) and §54.313(a)(6) that:

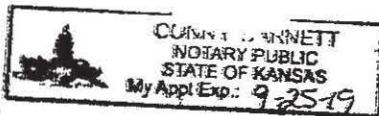
- 1) Elkhart Telephone Co., Inc. has established operating procedures designed to facilitate compliance with applicable service quality standards and consumer protection rules.
- 2) Elkhart Telephone Co., Inc. has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 3) Elkhart Telephone Co., Inc. is able to remain functional in emergency situations as set forth in §54.202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations, and

I certify under penalty of perjury under the laws of the State of Kansas

Trenton D. Boaldin DATED this 6-17-2015 day of June, 2015

Trenton D. Boaldin, President
Elkhart Telephone Co., Inc.
PO Box 817
Elkhart, KS 67950

SUBSCRIBED AND SWORN to before me this 17th day of June, 2015



Cynthia L. Barnett

Notary Public

My Commission Expires: 9-25-19

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411764
-------	-----------------	--------

<015>	Study Area Name	ELKHART TEL CO INC
-------	-----------------	--------------------

<020>	Program Year	2016
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
-------	---	-------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
-------	---	-----------------

<039>	Contact Email Address - Email Address of person identified in data line <030>	bsscott@epictouch.com
-------	---	-----------------------

1/1/2015

16.75

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411764
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

[illegible]

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411764
<015>	Study Area Name	BLIGHART TEL CO INC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@pictouch.com

<810>	Reporting Carrier	Elkhart Telephone Co
<811>	Holding Company	Epic Touch Company
<812>	Operating Company	Elkhart Telephone Co

<B13>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Epic Touch	439011	EPIC PCS

Elkhart Telephone Company
(Name of Filing Facility)

Sheet 59 of 86 Sheets

All Exchanges
(Territory to which schedule is applicable)

No supplement or separate understanding
Shall modify the tariffs shown herein

Sheet 59 of 86 Sheets

Lifeline Service

Lifeline Program

Lifeline Service Program (Lifeline), sponsored by the FCC, is a program designed to maintain and preserve universal service by providing a reduction in the prices of basic residential exchange service qualifying low-income customers. Lifeline is a federally funded reduction of basic local service of \$9.25 per month.

Eligible applicants will also receive additional Lifeline Service reductions in intrastate local service of \$7.77.

Lifeline customers will receive the Lifeline discount retroactively to the date the Company was provided proof of eligibility by the Lifeline customer.

Local service for Lifeline subscribers may not be disconnected for non-payment of toll charges.

- a. Toll Restriction Service will be provided to Lifeline Subscribers at no charge.
- b. Lifeline subscribers are not required to accept Toll Restriction Service as a condition to avoid disconnection of local service for non-payment of toll.
- c. Lifeline subscribers are not required to pay a service deposit in order to initiate service if the subscriber voluntarily elects to receive Toll Restriction Service

Partial payments from Lifeline subscribers will be applied first to local service charges and then to toll charges.

Lifeline subscribers will not be denied re-establishment of service on the basis that the subscriber was previously disconnected for non-payment of toll charges.

The discount will be provided for one (1) telephone line per household, at the subscriber's principal place of residence. Only one residence within the state may be reported by the applicant for Lifeline Service. Verification of this requirement will be through self-certification

ISSUED: May 15, 2012
Month Day Year

Effective: _____
Month Day Year

By: Bob Boaldin President
Signature of Officer Title

Bob Boaldin, President

Elkhart Telephone Company
(Name of Issuing Facility)

Sheet 60 of _____ Sheets

All Exchanges

(Territory to which schedule is applicable)

No supplement or separate understanding
shall modify the tariffs as shown herein

KANSAS LIFELINE SERVICE PROGRAM (Continued)

2. ELIGIBILITY REQUIREMENTS

a. Lifeline service will be provided to those applicants who provide proof of participation in any one of the following programs:

- Supplemental Nutrition Assistance for Needy Families
- Temporary Assistance for Needy Families
- Medicaid
- Supplemental Security Income (SSI)
- General Assistance
- National School Lunch Program Free Lunch
- Food Distribution Program (United Tribes)
- Low Income Energy Assistant Program (LIEAP)
- Section 8 Public Housing
- Individuals living on tribal land receiving:
 - Bureau of Indian Affairs general assistance
 - Tribally-administered Temporary Assistance for Needy Families (TAF)
 - Head Start Program benefits
 - National School Lunch Program Free Lunch
 - Food Distribution Program

Individuals choosing this option must obtain and provide the Telephone Company a copy of a valid identification card or the appropriate documents that are issued to them by the agency administering the program.

b. Lifeline service will be provided to those applicants whose household annual income level is at or below 150% of the federal poverty level. Such customers may obtain a form from the Telephone Company suitable for self-certification of income level and provide the completed form to the Telephone Company to begin service under the program. Proof of income is required. Acceptable documentation may include the prior year's federal, state or tribal tax return, or other forms of income certification. Customers should contact the Telephone Company for specific details.

c. The customer will certify eligibility for Lifeline service. Recertification is required annually or any time the qualifying criteria for the customer changes.

d. Recipients of Lifeline service must notify the Telephone Company when they no longer qualify for Lifeline Service. Upon receipt of the notification, the Telephone Company will discontinue Lifeline service.

e. If the Telephone Company discovers that conditions exist that disqualify the recipient of Lifeline service, local service will be billed at the full rate. The customer will be billed retroactively either to the date Lifeline Service commenced or the date the recipient no longer qualified for the service, not to exceed twelve (12) months.

ISSUED: May 15, 2012
Month Day Year

Effective: _____
Month Day Year

By: Bob Boaldin President
Signature of Officer Title

Bob Boaldin, President

REDACTED FOR PUBLIC INSPECTION

Attachment – Lines 3010, 3011, 3012

Elkhart Telephone Company

SAC 411764

**CONTAINS CONFIDENTIAL INFORMATION
ATTACHMENT REDACTED IN ITS ENTIRETY**

REDACTED FOR PUBLIC INSPECTION

Attachment – Line 3026 (Lines 3019, 3029, 3021)

Elkhart Telephone Company

SAC 411764

**Audited Financial Statement;
Balance Sheet, Income Statement, and Statement of Cash Flows;
Auditor Certification**

**CONTAINS CONFIDENTIAL INFORMATION
ATTACHMENT REDACTED IN ITS ENTIRETY**